## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09759595

Effective October 1, 2001									01	13	77.17	
		CLAIMS AS	FILED - (Column		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			43				RAT	Έ	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 43		X\$ :	9=		OR	X\$18=	-114
INDEPENDENT CLAIMS				nus 3 =	* 6	*. 6		X42=		OR	X84=	504
ML	ILTIPLE DEPEN	DENT CLAIM PI	RESENT				+140=			OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	TOT	AL		OR	TOTAL	2018
CLAIMS AS AMENDED - PART II									•	•	OTHER	THAN
<b> </b>		(Column 1) CLAIMS		(Colu				SMALL EN		OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	<b>)</b> =		OR	X\$18=	
AME	Independent	*	Minus	***	- 01 444	=	X42	=	:	OR	X84=	
	FIRST PRESE	NTATION OF M	JUIPLE DEF	ENDEN	CLAIM		+140	)=.		OR	+280=	
			TAL		OR	TOTAL ADDIT. FEE						
ADDIT. FEE												,
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***	- 0	=	X42	=		OR	X84=	-
L	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIM		+140	)=		OR	+280=	
							TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
$\mathcal{P}$		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*17	Minus	**6	3_	=	X\$ 9	=		OR	X\$18=	
AME	Independent	* /	Minus	***	F CLAIM		X42	=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE	
		mber Previously Pa hber Previously Pai							propriat box			